



6-15-04

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 011738.00133)

In the Application of:

Ivan Osorio, et al.)	
)	
)	Confirmation No. 8261
Serial No. 10/687,135)	
)	Group Art Unit: 3736
Filed: October 15, 2003)	
)	Examiner: Not assigned
For: CONFIGURING AND TESTING TREATMENT)	
THERAPY PARAMETERS FOR A MEDICAL)	
DEVICE SYSTEM)	

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner of Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. 1.97 and 1.98, the Applicant wishes to make the following references of record in the above-identified application. This Supplemental Information Disclosure Statement is in compliance with the continuing duty of candor as set forth in 37 C.F.R. § 1.56. Copies of the U.S. patent references cited below are not enclosed. The references are also listed on the enclosed and completed Form PTO/SB/08A.

REFERENCES

U.S. Patent Documents


<u>Patent No.</u>	<u>Inventor</u>	<u>Date Granted</u>
6,308,102	Sieracki, et al.	10/23/2001

Other Prior Art

1. PCT International Search Report.

Respectfully submitted,
BANNER & WITCOFF, LTD

Dated: June 14, 2004

By: 
Binal J. Patel
Reg. No. 42,065



PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/687,135
	Filing Date	October 15, 2003
	First Named Inventor	Ivan Osorio
	Art Unit	3736
	Examiner Name	Not assigned
Total Number of Pages in This Submission	Attorney Docket Number	011738.00133

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO/SB/08A and B (without U.S. patent references) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> PCT International Search Report <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Express Mail Certificate -Return Receipt Postcard		
<table border="1"><tr><td>Remarks</td></tr><tr><td>The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.</td></tr></table>			Remarks	The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.
Remarks				
The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Binal J. Patel
Signature	
Date	June 14, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name			
Signature		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/08a (08-03)

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[illegible]

Examiner Signature		Date Considered	
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 120 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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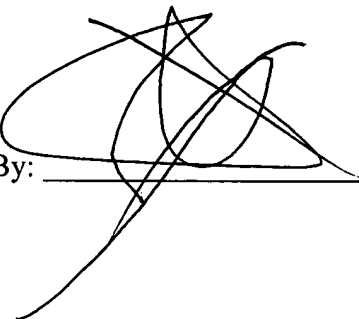


CERTIFICATE OF MAILING
(PATENT APPLICATION)

Express Mail No. EL995824781US

Deposited: June 14, 2004

I hereby certify that the attached correspondence, identified below, is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR 1.10 on the date indicated above and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: 

Application of: Ivan Osorio, et al.

Application No.: 10/687,135

Filing Date: October 15, 2003

Title: Configuring And Testing Treatment Therapy Parameters For A Medical Device System

Transmitted herewith are the following documents:

- ☒ Transmittal Form (1 page) in duplicate
- ☒ Supplemental Information Disclosure Statement (2 pages)
- ☒ Form PTO/SB/08A and B (2 pages) without U.S. patent references
- ☒ PCT International Search Report (5 pages)
- ☒ Return Postcard

Attorney Case No.: 011738.00133